

ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV 10-81)

S/N 0106-LF-010-6991

SHIP OR STATION:

NAVAL RESERVE CENTER, ADELPHI, MD

NNMC BETHESDA 106 FLEXIBLE DRILL ACKNOWLEDGEMENT

_____ I acknowledge that participation in the flexible drill program is voluntary and requires unique responsibilities and obligations to maintain satisfactory participation and ensure proper crediting of retirement points. I understand that I share in the responsibility for my Naval Reserve career. I received a briefing concerning satisfactory participation requirements and retirement point credit. I understand that my anniversary date for a satisfactory qualifying year is _____.

_____ a. I understand that I must attend the unit's semi-annual all hands meeting of 2 drill periods as scheduled by my unit commanding officer to complete administrative and organizational requirements. Additionally, I must perform at least one drill period every three months and participate in the semi-annual Physical Readiness Test (PRT).

_____ b. I understand that I must submit a quarterly drill schedule to my Directorate in advance of each quarter. Failure to submit schedules or failure to comply with COMNAVRESFORINST 1570.9D (Reflex Drilling Option) may result in revocation of the flexible drill option and assignment to a traditional monthly drill schedule.

_____ c. I acknowledge that continuing medical education courses (CME) cannot exceed 20 drill periods per fiscal year and require prior submission and approval of the Request for Approval of CME Activity Drill Credit form (NAVRES 1570/19) per COMNAVRESFORINST 1570.9D. However, it is the discretion of the Directorate in which you are assigned to approve fewer than 20 CME drills per year.

_____ d. I understand that satisfactory participation is comprised of performance of at least 85 percent of required drills (40 of 48 annually), performance of 12 days of Annual Training (when required), adherence to physical qualification standards, responding to official correspondence, and keeping my Commanding Officer informed of changes in my address, home/work phone numbers, medical condition, dependency status, and other factors which could affect mobilization potential. Failure to comply may result in removal from SELRES status and transfer to the Individual Ready Reserve (IRR).

_____ e. I acknowledge that if I do not perform a minimum of 85 percent of required drills and annual training prior to my bonus anniversary date, payment will not be made until satisfactory participation is met per BUPERSINST 1001.39C.

_____ f. I understand that my Serviceman's Group Life Insurance (SGLI) premiums will continue to accrue on a monthly basis, whether or not I actually drill during that calendar month. To retain SGLI eligibility, premiums accrued during the months that drills were not performed will be retroactively deducted in a lump sum from my next paycheck.

_____ g. I understand that drill periods performed in advance will result in the same Selected Reserve obligation as if I performed drills on a normal four drill per month schedule. During this obligated period, I must remain in my current billet assignment. I further understand that I cannot perform advance drills for service beyond my EOS, HYT, or any mandatory separation or transfer date. I remain eligible for recall through the end of the month for which I have performed drill periods.

_____ h. I understand that Expiration of Obligated Service for the Montgomery GI Bill Selected Reserve (MGIB-SR) is _____. If separated prior to that date, I may be required to repay pro rata benefits received. (enlisted members only)

Member's signature / Date_____
Unit Commanding Officer / Date

NAME (LAST, FIRST MIDDLE)

SSN

BRANCH/CLASS

USNR